

Revision: HCFA-PM-95-4  
JUNE 1995

(HSQB)

ATTACHMENT 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: **MAINE**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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Denial of Payment for New Admissions: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are specified in the regulations.)

**OFFICIAL**

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TN No. **95-015**

Supersedes

Approval Date: 1/31/96

Effective Date: 10/1/95

TN No. **90-06**